

ANNUAL REPORT

FOR THE YEAR 1911,

FOR THE

NORTH BROMSGROVE URBAN
DISTRICT.

BY

CAMERON KIDD,

M.B. Lond., F.R.C.S., England.
Medical Officer of Health.

ANNUAL REPORT FOR THE YEAR 1911

To the North Bromsgrove District Council.

BROMSGROVE,

14th February, 1912.

ANNUAL REPORT FOR THE YEAR 1911.

MR. CHAIRMAN AND GENTLEMEN,

In presenting my twenty-fourth annual report I should like first to thank the Council very sincerely for the way in which they received my remarks last year on the subject of my salary and for the increase from £30 to £40 which they unanimously granted. It is not so much the actual amount as the spirit in which it was given, and the kindly appreciation expressed, that has gratified me, and on my part I fully appreciate it.

The extent to which the work of Medical Officers of Health has increased owing to recent legislation is very considerable, but it is, I am sure, work which we are all glad to share because it is really useful. Whatever the shortcomings of the present administration may be, and if we are to believe all we hear they are indeed numerous and far reaching, I think all will agree that in the matter of public health immense advances have been made in the last few years both by such new measures as the inspection of school children, the notification of phthisis and the house inspection under the Housing and Town Planning Act, and also by general stirring up of sanitary administration all over the country.

The census this year revealed the fact that I had again considerably underestimated the increase of population, my estimated figure for 1910 being 6200 while the census in 1911 showed a population of 7210. A great part of this increase was due to the building and occupying of Barnsley Hall Asylum. The actual number of stranger inmates this year was 523 and in calculating the birthrate for the district I have deducted this number and worked on a population of 6687. I think this is only fair. If estimated on the gross population of 7210 the birthrate would be only 19·1 instead of 20·6.

The

The year generally has been satisfactory. If the birthrate is the lowest on record the deathrate is also as low as in any year except the remarkable one of 1902. The infantile deathrate is higher than it has been in any recent year and an examination of the causes shows that the increase has been due almost entirely to deaths from bronchitis, 9 out of the 19 deaths being from this cause and 6 of these being in January and February. There were only 3 Zymotic deaths of infants, 2 from Whooping Cough and 1 from Summer Diarrhoea, while 4 were cases of Premature Birth which rather indicate parental weakness.

Infectious Disease has been very light, with the one exception of Whooping Cough, we only had to send 4 patients to the Isolation Hospital and a considerable epidemic of Measles caused only 1 death.

On the whole I think we may be satisfied with the year's record.

VITAL STATISTICS.

Births numbered 138, as compared with 157 and 150 in the two preceding years, 67 being male and 71 female, giving a birthrate on the gross population of 19.1 but excluding the Asylum inmates of 20.6 per 1000.

This is quite the lowest birthrate that has yet been recorded in the district, the rate in 1910 being 25.3 and the average for the preceding 10 years being over 27.0.

Deaths numbered 128 in all, 65 male and 63 female, the gross deathrate being 17.7, but there were 51 deaths of strangers in Barnsley Hall Asylum and 11 deaths of persons from this district in public hospitals in Bronsgrove; allowing for these the number of deaths proper to the district becomes 88 and the net deathrate 12.2 as compared with 12.4 and 14.2 in the two preceding years.

Infantile Mortality.—With 138 births there were 19 deaths of infants under 1 year, a mortality of 137 per 1000. This is a considerably higher infantile deathrate than we have been accustomed to in recent years, the rate in the two preceding years having been 70 and 106 respectively and the average for the last 10 years only 87. Bronchitis caused 9 of the deaths and there were 4 premature births. In view of the consistent figures of the last ten years it will, I think, be found that this year's increase is one of those temporary fluctuations to which all small districts are liable and just as we have had a year lately in which the infantile deathrate was only 45 so we now have a single unusually high rate.

Zymotic

Zymotic Deathrate.—There were 11 deaths from Zymotic disease as compared with 1 in 1910 and 10 in 1909 the deathrate being 1·5, the average for the last 10 years being ·76. The total was made up of 8 deaths from Whooping Cough, 1 from Enteric Fever, 1 from Measles, and 1 from Summer Diarrhoea, thus it will be seen that the mortality is almost entirely due to one of those epidemic diseases which are not notifiable and are very little within our control.

The following table shows the details of Zymotic mortality during the last six years :—

	1906.	1907.	1908.	1909.	1910.	1911
Small Pox ..	0	0	0	0	0	0
Measles ..	0	2	0	7	0	1
Scarlet Fever ..	0	1	0	0	1	0
Diphtheria ..	0	1	0	0	0	0
Whooping Cough ..	3	2	1	0	0	8
Enteric Fever ..	0	0	2	0	0	1
Diarrhoea ..	1	2	2	3	0	1
Totals ..	4	8	5	10	1	11

The continued absence of diphtheria from this list is very satisfactory, and it is very striking how the non-notifiable diseases—Measles and Whooping Cough—are the only ones to reach double figures in the 6 years, the diseases which we definitely control, Small Pox, Scarlet Fever, Diphtheria and Enteric Fever are all quite satisfactory.

Respiratory Deathrate.—Ten deaths from Bronchitis, and 4 from various forms of Pleurisy and Pneumonia, give a respiratory deathrate of 2·0 per 1000 as compared with 1·7 and 2·3 in the two preceding years.

Phthisis.—There were 4 deaths from Pulmonary Phthisis, and 1 from other tuberculous disease in the district proper, making the Phthisis deathrate ·74 as compared with ·8 in each of the two preceding years. In calculating the Respiratory and Phthisis deathrates I exclude deaths among patients at Barnsley Hall Asylum and work on the lower population of 6687. If this were not done the Phthisis deathrate of the district would be very unfairly raised as it is well known that asylum inmates are more liable than the general population to death from Phthisis and various forms of Pneumonia ; for instance this year there were 5 deaths from Tuberculosis and 12 from Pneumonia among the Asylum patients, practically as many as in the whole of the rest of the district.

Cancer caused 4 deaths, a rate of ·6 per 1000.

THE OCCURRENCE OF INFECTIOUS DISEASE.

Notifications numbered 13, being 5 each of Scarlet Fever and Diphtheria, 2 of Enteric Fever and 1 of Erysipelas. The following table shows the notifications for the last six years :—

	1906.	1907.	1908.	1909.	1910.	1911.
Small Pox ..	.. 0	.. 0	.. 0	.. 0	.. 0	.. 0
Scarlet Fever ..	.. 19	.. 21	.. 22	.. 1	.. 10	.. 5
Enteric Fever ..	.. 1	.. 1	.. 3	.. 0	.. 0	.. 2
Puerperal Fever ..	.. 0	.. 0	.. 1	.. 0	.. 0	.. 0
Diphtheria ..	.. 1	.. 3	.. 6	.. 4	.. 2	.. 5
Erysipelas ..	.. 5	.. 3	.. 2	.. 1	.. 1	.. 1
	<hr/> 26	<hr/> 28	<hr/> 34	<hr/> 6	<hr/> 13	<hr/> 13

The cases of **Scarlet Fever** were all in January except 1 odd case in March and were the end of the small epidemic of the year before, 2 were at Long Eye and the other 3 in the Blackwell district.

The 2 cases of **Enteric** were in one house at Catshill in July and September, and afford a striking object lesson of the risk of nursing a case of Enteric Fever in a small house. The first case was in a lad working daily at Redditch and I think the infection was contracted away from home. Unfortunately the parents preferred keeping him at home to using the hospital ; he had a long illness but recovered well, but in the first week of September, just when he was convalescent, his sister, aged 13, sickened. This second case was removed to hospital, being of a very severe type, and died four days after admission. I think there can be no doubt at all that if the first case had been removed the second would not have occurred.

The cases of **Diphtheria** were in July, September and October ; 2 in the Lickey District and 3 in one house at Bournheath. The last were mild cases, only diagnosed bacteriologically, and there were no special circumstances in connection with any of them.

In addition to notifiable diseases there was a widespread epidemic of **Whooping Cough**—mostly about Catshill and Bournheath—in the early part of the year. 1 death occurred in January, 3 in February, and 1 each in March, April, May and June. **Measles** followed but fortunately proved light and only one death occurred, at Lickey Rock.

Action

ACTION TAKEN TO PREVENT THE SPREAD OF DISEASE.

As proof of the mildness of the cases only 4 patients were removed to hospital, 2 of Scarlet Fever, 1 of Enteric Fever, and 1 of Diphtheria. The other cases of Diphtheria were all mild enough to be treated easily at home and 3 of the Scarlet Fever cases were also successfully home nursed, one having been sent as a convalescent from Birmingham. All the houses were visited on notification and disinfected with formalin on the removal or recovery of each case. School closure was advised at Catshill Infant Department in February for Whooping Cough, and Lickey End Infant Department in October and November for Measles. In the latter case the school closure seemed to be of some effect. A handbill giving advice as to the treatment of Measles was drawn up by me, at the request of the Chairman of the Council, in March, when the epidemic was approaching our boundaries, and was distributed before the disease actually broke out. I cannot but hope that this handbill did some good in view of the very small mortality that followed.

SANITARY WORK COMPLETED, CONTEMPLATED, OR REQUIRED.

Systematic Inspection.—Under the **Housing and Town Planning Act**, as detailed in last year's Report, the house to house inspection of the district has been begun and continued month by month by Mr. Jones the Sanitary Inspector. He has been able to do about 10 or 12 houses each month. The details have been submitted to me before each monthly meeting and then reported to the Council, the permanent record of each house being kept on the card system. In this way a good deal of useful work has been done. Every month notice has been served for the remedying of defects found, such as dampness from want of roof spouting, defective privy accommodation, etc., and in every case the necessary alteration has been made, but, as I pointed out last year, the process is a slow one and the inspection of the whole district by this method will occupy 10 or 12 years. This hardly fulfils the object of the Act which was to obtain an up-to-date record, easily referred to, of the sanitary details of every house in the district, and I still think that the best way of carrying this out would be to appoint some qualified person for the work and let him continue the inspection steadily until the record was complete. Once made the record could easily be kept up to date.

The existence of such a detailed record will be a great help to all our sanitary administration when it is completed.

House Accommodation.—On this subject the remarks in former reports since 1907 still apply. There is a permanent want of
good

good cottages with 3 sleeping rooms and what overcrowding exists is due to the old 2 bedroomed house. Much detailed improvement has been carried out in the last few years particularly in the remedying of dampness by the provision of roof spouting. Practically the whole of Catshill has been inspected by me since 1908 and there are now very few houses without roof spouting.

The position of houses in the greater part of the district, on gentle southern slopes of the Lickey, at an altitude of from 400 to 700 feet above sea level, practically all surrounded by garden and free sun and air, counteracts to a very considerable degree the effects of sundry faults which might be much more serious in other surroundings. It would be difficult to exaggerate the beneficial effect of prolonged bright sunlight and when a cottage is bathed in sunlight practically on every side in its turn during the day there is much less harm done by—say the absence of a damp course, than might be the case in a town court surrounded by factory buildings.

Water Supply.—The water supply generally of the district is very good, the mains of the East Worcestershire Waterworks Co. being now extended practically through the whole district. Many of the existing wells are deep and supply pure water and when a systematic examination of samples from the shallower wells in the Catshill district was made a few years ago the majority of them were found to be pure. The cases mentioned in last year's report of houses supplied only from an impure stream were dealt with this year, tap water being supplied by order of the Council. A recent analysis of the Company's water shows that it is organically quite pure and it is also remarkably soft for a public supply, the total hardness—temporary and permanent—being only 8 degrees by Clark's soap test.

Drainage.—Our principal drainage work, that in connection with Barnt Green Village in conjunction with the Bromsgrove Rural Council, has steadily, if slowly, progressed during the year and has now arrived at acceptance of tenders by both Councils and the actual commencement of the work. A good deal of complicated negotiation was inevitable but everything has, I think, now been settled and much benefit to this part of the district may be expected when the work is complete. At Rubery things remain in the same state, the alternate drought and heavy rain having equally added to the difficulties, the rainy season being perhaps the worst seeing that it is practically impossible to prevent a great part of the rainfall from entering the dumbwells. The expense of emptying the dumbwells, which is now borne by the Council, is continuous and, as I remarked last year, would almost pay the interest on the cost of a drainage scheme.

The

The creation of Greater Birmingham now brings the city boundary up to the middle of Rubery and at present it is, I believe, hoped to obtain terms for the reception of sewage from our part of the village into the Birmingham sewerage system. This has always been one of the alternatives, and practically the simplest method, but hitherto the cost has been considered prohibitive ; I very much hope, however, that terms may be arranged, for the present state of affairs cannot be continued indefinitely.

There is a group of houses in our district at Rose Hill, Lickey, which has been a constant source of trouble of late years. They urgently need some system of drainage but the difficulty of doing anything in our own district is almost unsurmountable for local reasons. There is, I believe, a drainage scheme being considered for the neighbouring village of Rednal and I very much hope that it may be possible for this group of houses to be included.

River Pollution.—Last year's remarks still apply. There is, I think, very little serious pollution of streams in the district.

Tuberculosis.—The conflict with tuberculosis disease enters upon a new stage after this year when Pulmonary Phthisis becomes compulsorily notifiable as an infectious disease on 1st January, 1912. The notification of all cases of phthisis will enormously strengthen our hands and is, indeed, the first essential step for which we have long been waiting ; it will, I believe, make more difference in lessening the total of preventible disease than any measure since the original Notification Act, the reason being that when the cases are known it will rapidly become obvious that what is necessary will have to be done to effect cure and prevent the spread of disease in each particular case, but especially in those early cases in young subjects which are curable by care and proper treatment.

Of course expense is the first difficulty, though no outlay of money will give a better return than that which leads to the abolition of consumption from our midst, and it is nothing less than this that the future promises, for when it is known, as we know now, that consumption is caused by an external organism, and that this organism can be destroyed by known methods, we should aim confidently at the entire extirpation of the disease. The problem what can be done at first with our limited means will need very careful consideration. The young early cases should have open air treatment—preferably at a sanatorium—while the old chronic cases should be prevented from being a source of danger to others, either by seclusion at a Home or by special precautions at their own dwellings.

In the course of a year or two it may be hoped that the working of the new Insurance Act will be a very great help, but meanwhile we ought to do what is possible.

I have

I have for several years urged that early cases of phthisis should be included among the diseases treated at our present Joint Isolation Hospital and I very much regret that this proposal has met with so little favour. Both the County Medical Officer and the Medical Officers of Health of the other constituent districts were in favour of its being tried, and I still think that it would be the cheapest and most efficacious way of dealing with early cases without delay. All the administrative machinery is in existence, and already paid for by the hospital rate, and the sending of a few cases of early phthisis to the hospital from each district would only be equivalent to the sending of a few extra cases—say of Scarlet Fever—in the ordinary way as at present. Quite sufficient space is available at Hill Top and the only addition to present accommodation required would be the provision of a few portable shelters, as at the various sanatoria, and these could be supplied at no very great expense. The great advantage would be the promptness with which any early case could be at once removed to hospital, just as Scarlet Fever or Diphtheria cases are at present removed.

This method of making use of existing Isolation Hospitals has now been adopted by many Sanitary Authorities in all parts of the United Kingdom and ample information as to details of expense, etc., can easily be obtained. In several cases the hospital accommodation has been exactly similar to ours, and every report that I have seen of the working of this plan has been entirely favourable. The question is actually asked this year by the L.G.B. : “ Is the Isolation Hospital used for treatment of Phthisis ? ”

I still hope that this suggestion will be given further consideration.

If the Isolation Hospital is not used any favourable early case might be sent to some sanatorium elsewhere and my duties will include the reporting of any such case to you if one should be found.

We can at any rate pay special attention to the premises where cases of consumption occur and much, I hope, will be able to be done in the way of improving light and ventilation, the lessening of overcrowding, etc.

It is understood that every care will be taken to avoid publicity or any detriment to the private interests of notified cases.

Tuberculin Dispensaries.—I have been greatly struck by the favourable reports of the working of local dispensaries which have been provided in some districts for the treatment by “Tuberculin” of cases of consumption without removal of the patients from their own homes. In several places where this has been done—notably at Portsmouth and at Birmingham under
Dr.

Dr. Robertson—the results obtained are said to be very satisfactory and from a financial point of view it is apparently about the cheapest way of publicly treating consumption. A district of this size could hardly support a dispensary of its own, but districts might combine for the purpose, and the Joint Isolation Hospital area would seem a convenient one, the Joint Committee working the whole and providing, presumably, local Dispensaries at Bromsgrove, Droitwich, and Redditch.

I only mention this as one of the possible ways in which tuberculosis might be dealt with publicly ; it would mean combined action on the part of the three towns named, but the idea seems worth considering.

School Inspection.—The results of the systematic inspection of school children are beginning to show themselves and the ultimate benefits will doubtless be very great ; much could be done if after-treatment could be generally organised, but as usual expense is the great obstacle. Some good work is being done in this connection by private enterprise in these districts. On the subject of school attendance I am frequently struck by the harm that is done to delicate children by sending them to school every day indiscriminately, in all weathers, when they should be kept at home. There are very many children who are subject to such weaknesses as enlarged tonsils, “ weak ” eyes, catarrhs, glands in the neck, etc., who ought often to be kept indoors on cold wet days, from autumn to spring, instead of trudging—perhaps a considerable distance—to school where they arrive wet and chilled. The mothers in such cases, if remonstrated with, invariably plead dread of the School Attendance Officer, and it is a pity that such fear should act to the detriment of the health of children who are not robust. It is, of course, essential and perfectly right that school attendance should be enforced regularly, but I think that discrimination should be used and that the School Attendance Officer should recognise, and even acknowledge to the parents, that the mother is the person to decide whether a child who is not quite well ought to go out to school on an inclement day or not, and mothers should use their judgment more than they do in this matter. It is not only the individual child who suffers when an ailing child is sent to school, very often there is the early stage of catarrh present—the stage which is infectious—and the atmosphere of the class room provides just the facilities necessary for the spread of infection.

It is perhaps inevitable that school attendance should entail transference of infections of various kinds from child to child, but certainly one of the ways in which this can be minimized is by the keeping at home of children who are evidently not quite well, especially on cold wet days when clothes and boots get damp and class rooms have to be kept warm and free from draughts

draughts, and it is a pity that children should so often be sent to school when not quite well from the dread of a summons on the part of the parents.

Infant Attendance.—I have more than once mentioned the opinion I have formed that the attendance at public elementary schools of children under 5 does more harm than good by the spreading of infection. It is particularly the infants under 5 who contract at school such diseases as Measles, Whooping Cough, etc., and as far as instruction goes experience has shown that children who begin their school life at the age of 6 or 7 very quickly become level with those who have begun earlier. The sole benefit of infant attendance seems to attach to the mothers who have the infants taken off their hands during the busy part of their day's work.

Open-Air Schools.—The problems of elementary education and of the treatment and prevention of Tuberculosis touch one another in the open-air school and I strongly support the proposal of the Worcestershire Education Committee to start an open air school in some central part of the county. The remarks above, under House Accommodation, as to the healthy position and aspect of the greater number of houses in this district are borne out in this matter by the action of the Education Committee who favour the choice of a site on the southern slope of the Lickeys. I do not think a better choice could be made.

Appended are the usual tables of Statistics.

I am, Gentlemen,

Your obedient servant,

H. CAMERON KIDD,

Medical Officer of Health.

TABLE I.

VITAL STATISTICS

OF THE

NORTH BROMSGROVE URBAN DISTRICT

During 1911 and Previous Years.

YEAR.	BIRTHS.			TOTAL DEATHS REGISTERED IN THE DISTRICT.		TRANSFERABLE DEATHS		NETT DEATHS BELONGING TO THE DISTRICT.			
	Popula- tion estimated to Mid- dle of each yr.	Un- corrected		Nett.		of Non- residents registe'd in the Dist.	of Resi- dents not registe'd in the Dist.	Under 1 yr of age.		At all Ages.	
		Number.	Rate.	Number.	Rate.			Number.	Rate per 1000 Nett Births.	Number.	Rate.
1906	5940	166	28.2	69	11.6	3	7	16	96	73	12.2
1907	6000	152	24.6	77	12.8	17	5	11	72	65	10.8
1908	6000	157	26.1	124	20.6	50	10	14	89	84	14.0
1909	6040	150	24.8	156	25.8	76	6	16	106	86	14.2
1910	6200	157	25.3	143	23.0	69	3	11	70	77	12.0
1911	7210	138	20.6	128	17.7	51	11	19	137	88	12.2

Average Number of Persons per House, 4.5.

TABLE II.

CASES OF INFECTIOUS DISEASE

IN THE

NORTH BROMSGROVE URBAN DISTRICT

NOTIFIED DURING THE YEAR 1911.

Notifiable Disease.	Cases notified in Whole District.							Total Cases sent to Hospital.
	At all Ages.	1 to 5	5 to 15	15 to 25	25 to 45	45 to 65	65 and upwards.	
Smallpox								
Cholera								
Diphtheria (including Membranous croup)	5	1	2	1	1			1
Erysipelas	1			1				
Scarlet fever ..	5	1	4					2
Typhus fever ..								
Enteric Fever ..	2		1	1				1
Relapsing fever ..								
Continued fever ..								
Puerperal fever ..								
Plague								
Totals	13	2	7	3	1			4

Isolation Hospital is the Bromsgrove, Droitwich, and Redditch Joint Isolation Hospital, situate at Hill Top, Bromsgrove.

TABLE III.

Causes of, and Ages at, Death during the Year 1911.

Cause of Death.	Nett Deaths of Residents in Whole District at Subjoined Ages.									Total Deaths in Public Institutions.
	All ages.	Under 1	1 and under 2	2 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and upwards.	
1	2	3	4	5	6	7	8	9	10	11
Enteric Fever ..	1				1					
Measles	1			1						
Whooping Cough ..	8	2	4	1	1					
Influenza	2						1		1	
Phthisis (Pulmonary Tuberculosis) ..	4					1	2	1		4
Other Tuberculous Diseases ..	1						1			1
Cancer, Malignant Disease ..	4						1	2	1	2
Bronchitis	10	9							1	
Broncho-Pneumonia ..	1		1							2
Pneumonia (all other forms) ..	2						1		1	10
Other Diseases of Respiratory Organs	1								1	
Diarrhoea and Enteritis	3	2	1							1
Appendicitis and Typhlitis	2							2		
Cirrhosis of Liver ..	1							1		
Nephritis and Bright's Disease	6							4	2	4
Puerperal Fever ..										1
Congenital Debility and Malformation, including Premature Birth	4	4								
Violent Deaths, excluding Suicide ..	3				1			1	1	1
Suicides										1
Other Defined Diseases	21	2	1				3	7	8	24
Diseases ill-defined or unknown	13							1	12	
	88	19	7	2	3	1	9	19	28	51

TABLE IV.

INFANTILE MORTALITY DURING THE YEAR 1911,

IN THE

NORTH BROMSGROVE URBAN DISTRICT.

Deaths from stated Causes in Weeks and Months under One Year of Age.

Cause of Death.	Under 1 week.	1-2 weeks	2-3 weeks	3-4 weeks	Total under 1 m'th.	1-3 m'ths.	3-6 m'ths	6-9 m'ths	9-12 m'ths	Total Deaths under 1 year.
All Causes	2	1	2		5	5	6		3	19
Whooping Cough ..							1		1	2
Diarrhoea							1			1
Premature Birth ..	2	1	1		4					4
Atrophy, Debility, and Marasmus						1	1			2
Convulsions							1			1
Bronchitis			1		1	4	2		2	9
Totals	2	1	2		5	5	6		3	19

Nett Births in the year, 138 ; Nett Deaths in the year, 19.

NORTH BROMSGROVE URBAN DISTRICT.

Phthisis : Sanatorium & Hospital Accommodation.

No provision has yet been made, but the question is under consideration. (See body of Report, under "Tuberculosis.")

March 2nd, 1912.

*To the Sanitary Committee of North Bromsgrove Urban
District Council.*

**ANNUAL REPORT FOR THE YEAR ENDING DECEMBER 31st,
1911.**

Nuisances Abated.—123 notices for the abatement of nuisances were served, 16 notices being outstanding at the end of the year ; 58 houses were limewashed, 21 drains, 31 closets, and 6 dumbwells were repaired, spouting provided in 31 cases, and 49 houses repaired in other ways, as defective roofs, ceilings, etc.

Water.—I have supplied 4 samples of water to the Medical Officer of Health for analysis. Six houses were supplied with tap water by the East Worcestershire Waterworks Co. on notice to owners. Two wells were cleaned out, repaired, and puddled, and 2 well covers repaired.

Disinfection.—Ten cases of infectious diseases were enquired into, and 9 houses disinfected.

Overcrowding.—Four cases of overcrowding were enquired into and abated.

Scavenging.—The dumbwells at Rubery have been emptied regularly, 1480 loads of sewage being removed and 5 dumbwells emptied by pumping on to adjoining land. Ninety-four pans at Rubery have been emptied regularly every week, and disinfected with Sanitas powder. They were at first emptied in the day-time, but owing to complaint are now emptied every Wednesday night.

Cowkeepers and Milksellers.—The cowhouses are in fairly good order, 4 more being registered, and 2 limewashed, repaired, and drained, on notice.

Housing Act, 1909.—123 Houses have been inspected under this Act ; 70 notices were served to remedy defects, 54 of which were complied with to the end of the year.

THOMAS JONES,
Inspector.